## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled AUTOMATED MICROSCOPIC IMAGE ACQUISITION, COMPOSITING, AND DISPLAY, the specification of which

is attached hereto.			
was filed on as	United States Applica	ation No	
was filed on as	International Applica	tion No	
and was amended on _	(if applicable).		
with amendments thro	ugh (if applica	ble).	
I hereby state that I hav including the claims, as amended by		rstand the contents of the above ferred to above.	-identified specification
37, Code of Federal Regulations, § specified in 35 U.S.C. § 120 which copending application, I further ac § 1.56 which occurred between the filing date of the continuation-in-p	3 1.56. If this is a condition of discloses and claims knowledge the duty the filing date of the privart application.  priority benefits under inventor's certificate inted States of American inventor's certificate and the states of American inventor's certificate and States of American inventor's	subject matter in addition to the odisclose material information or application and the national of a Title 35, United States Code, so or of an PCT International application and post process of the pro	ed under the conditions at disclosed in the prior as defined in 37 CFR or PCT international \$119(a)-(d) of any lication(s) designating at entified below any cation(s) designating at
Prior Foreign Application(s)			Priority Claimed
<< Number >>	<< Country >>	<pre>&lt;&lt; Day/Month/Year filed &gt;&gt;</pre>	Yes No
I hereby claim the bene provisional application(s) listed be	-	ited States Code, § 119(e) of an	y United States

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal

November 14, 2000

(Filing Date)

60/248,948

(Application No.)

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application, to file a corresponding international application, and to transact all business in the Patent and Trademark Office connected therewith:

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application, to file a corresponding international application, and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number:

all of the law firm of Klarquist Sparkman, LLP; and grant an Associate Power of Attorney to the following:

Name	Reg. No.	Name	Reg. No.
Andrew Watkins Jacqueline Quay	38,653 47,011	Russ Metler	45,365

all of the Centers for Disease Control and Prevention, Technology Transfer Office, 1600 Clifton Road NE, Atlanta, GA 30333.

Address all telephone calls to Gregory L. Maurer, telephone number (503) 226-7391 and facsimile number (503) 228-9446.

Address all correspondence to:

KLARQUIST SPARKMAN, LLP One World Trade Center, Suite 1600 121 SW Salmon Street Portland, OR 97204-2988

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or first Inventor: MariBeth Gagnon	
Inventor's Signature	
Residence: Rockaway, NJ	Date
Citizenship: United States of America	
Post Office Address: 203 West Lake Shore Drive, Rockaway, NJ 07866	
Full Name of Second Joint Inventor, if any: Roger Taylor	
Inventor's Signature	
Residence: Lilburn, GA	Date
Citizenship: United States of America	
Post Office Address: 308 Westwind Drive, Lilburn, GA 30047	
Full Name of Third Joint Inventor, if any: James V. Lange	
Inventor's Signature	Date
Residence: Stone Mountain, GA	Date
Citizenship: United States of America	
Post Office Address: 4306 Lake Breeze Drive, Stone Mountain, GA 30083-5034	
Full Name of Fourth Joint Inventor, if any: Tommy Lee	
Inventor's Signature	
Residence: Snellville, GA	Date
Citizenship: United States of America	

2888 Creekwood Drive, Snellville, GA 30078-3540

Post Office Address:

Carlyn Collins

la site
ľ.
122
Ē-iā:
Fi
rii Lii
Ţ
Œ
Ē-ā,
يَّةُ عِنْ الْقُدِيَّةِ
1,1
F-107
i i

Inventor's Signature	Dete
Residence: Atlanta, GA	Date
Citizenship: United States of America	
Post Office Address: 2480 Briarcliff Road, #284, Atlanta, GA 30329	
Full Name of Sixth Joint Inventor, if any: Richard Draut	
Inventor's Signature	Date
Residence: Snellville, GA	Date
Citizenship: United States of America	
Post Office Address: 3161 Chesterfield Court, Snellville, GA 30039	
Full Name of Seventh Joint Inventor, if any: Edward Kujawski	
Inventor's Signature	Date
Residence: Atlanta, GA	Daic
Citizenship: United States of America	

4417 Hickory Wood Lane, Atlanta, GA 30360

Post Office Address: